

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP				
1							51		1	
2							52		1	
3							53		1	
4							54	1	1	
5							55		1	
6							56		1	
7							57		1	
8							58		1	
9							59		1	
10							60		1	
11							61		1	
12							62			
13							63			
14							64			
15							65			
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34							84			
35							85			
36							86			
37							87			
38	1						88			
39		1					89			
40		1					90			
41		1					91			
42			1				92			
43			1				93			
44			1				94			
45			1				95			
46	1						96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND							100			
TOTAL DEP							100			